

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
IBEW LOCAL 1249 PENSION FUND
EIN #15-6035161**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Daniel R. Dafoe, Administrator
IBEW Local 1249 Pension Fund
6518 Fremont Road
P.O. Box 301
East Syracuse, New York 13057
Telephone: (315) 656-8390

EXHIBIT B

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley ERISA Pension Fund; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

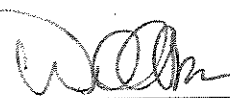
THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 1249 PENSION FUND

Dated: 2-23-09

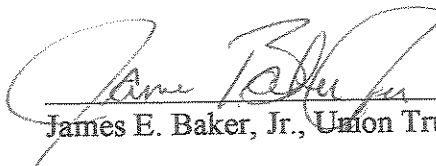
By:



William C. Boire, Union Trustee

Dated: 3-2-09

By:



James E. Baker, Jr., Union Trustee

Dated: 2/23/09

By: Harry D. Saville
Harry D. Saville, Union Trustee

Dated: _____

By: _____
Joseph L. Redman, Employer Trustee

Dated: _____

By: _____
Michael G. Gilchrist, Employer Trustee

Dated: _____

By: _____
James C. Atkins, Employer Trustee

klc/Madoff/IBEW1249/SIPCRResolutionPF- Indirect

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley
ERISA Pension Fund; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC
through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund;
and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation
("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff
Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4,
2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund
Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other
documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all
other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on
behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently
of each other in a number of counterparts. Together the counterparts shall constitute a full and original
Resolution for all purposes.

I.B.E.W. LOCAL 1249 PENSION FUND

Dated: _____

By: _____
William C. Boire, Union Trustee

Dated: _____

By: _____
James E. Baker, Jr., Union Trustee

Dated: _____

By: _____
Harry D. Saville, Union Trustee

Dated: _____

By: _____
Joseph L. Redman, Employer Trustee

Dated: FEBRUARY 24, 2009

By: 
Michael G. Gilchrist, Employer Trustee

Dated: _____

By: _____
James C. Atkins, Employer Trustee

klc/Madoff/IBEW1249/SIPCRResolutionPF- Indirect

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley ERISA Pension Fund; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 1249 PENSION FUND

Dated: _____

By: _____
William C. Boire, Union Trustee

Dated: _____

By: _____
James E. Baker, Jr., Union Trustee

Dated: _____

By: _____
Harry D. Saville, Union Trustee

Dated: 2/23/09

By: 
Joseph L. Redman, Employer Trustee

Dated: _____

By: _____
Michael G. Gilchrist, Employer Trustee

Dated: _____

By: _____
James C. Atkins, Employer Trustee

klc/Madoff/IBEW1249/SIPCRResolutionPF- Indirect

RESOLUTION

WHEREAS, the I.B.E.W. Local 1249 Pension Fund is an independent functioning Taft-Hartley ERISA Pension Fund; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Fund Administrator and a Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 1249 PENSION FUND

Dated: _____

By: _____
William C. Boire, Union Trustee

Dated: _____

By: _____
James E. Baker, Jr., Union Trustee

Dated: _____

By: _____
Harry D. Saville, Union Trustee

Dated: _____

By: _____
Joseph L. Redman, Employer Trustee

Dated: _____

By: _____
Michael G. Gilchrist, Employer Trustee

Dated: 2/24/09

By: 
James C. Atkins, Employer Trustee

klc/Madoff/IBEW1249/SIPCRResolutionPF- Indirect

LIST OF TRUSTEES AND CONTACT INFORMATION FOR
I.B.E.W. LOCAL 1249 PENSION FUND
(EIN # 15-6035161)

Mr. James E. Baker, Jr., Union Trustee
I.B.E.W. Local 1249 Pension Fund
6518 Fremont Road
P.O. Box 277
East Syracuse, New York 13057
Telephone: (315) 656-7253

Mr. William C. Boire, Chairman, Union Trustee
I.B.E.W. Local 1249 Pension Fund
6518 Fremont Road
P.O. Box 277
East Syracuse, New York 13057
Telephone: (315) 656-7253

Mr. Harry D. Saville, Union Trustee
I.B.E.W. Local 1249 Pension Fund
6518 Fremont Road
P.O. Box 277
East Syracuse, New York 13057
Telephone: (315) 656-7253

Mr. Michael G. Gilchrist, Employer Trustee
I.B.E.W. Local 1249 Pension Fund
c/o Northeastern Line Constructor Chapter, NECA
700 White Plains Road, Suite 271
Scarsdale, New York 10583-5063
Telephone: (914) 723-2527

Mr. Joseph L. Redman, Employer Trustee
I.B.E.W. Local 1249 Pension Fund
c/o Lewis Tree Service, Inc.
300 Lucius Gordon Drive
West Henrietta, New York 14586
Telephone: (585) 436-3208

Mr. James C. Atkins, Employer Trustee
I.B.E.W. Local 1249 Pension Fund
c/o PAR Electrical Contractors, Inc.
2444 Route 9N
P.O. Box 247
Ausable Forks, New York 12912
Telephone: (518) 647-8198

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LABORERS' LOCAL 103 FUNDS

PENSION ♦ WELFARE ♦ ANNUITY ♦ TRAINING

P.O. BOX 571
GENEVA, NY 14456

PH: 315-539-4220
FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Annuity Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Annuity Fund



Carmen A. Serrett, Sr.
Fund Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 539-4220

HOME: (315) 781-0633

Taxpayer ID Number (Social Security No.)

01-6214544

aborers Local 103 Annuity Fund
O. Box 571
eneva, NY 14456
icome Plus Investment Fund,
ladoff Account #: 1-I0004
ax ID #: 01-6214544

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 1465
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ - 0 -
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$104,636.73</u>	<u>X</u>	
	<u>Please refer to Income Plus</u>		
	<u>Investment Fund SIPC Claim:</u>		
	<u>the above estimated amount is the</u>		
	<u>claimant's share of the Madoff</u>		
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2-25-09 Signature [Signature]
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
LABORERS LOCAL 103 ANNUITY FUND**
(EIN # 01-6214544)

Dr. John P. Jeanneret, President
J.P Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Sr.
Laborers Local 103 Annuity Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

EXHIBIT B

RESOLUTION

WHEREAS, the Laborers Local 103 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

LABORERS LOCAL 103 ANNUITY FUND

Dated: 2/26/09

By: _____

Carmen A. Serrett, Sr., Union Trustee

Dated: 2/26/09

By: _____

Earl N. Hall, Employer Trustee

LABORERS LOCAL 103 ANNUITY FUND
(EIN # 01-6214544)

UNION TRUSTEES

Carmen A. Serrett, Sr.
Laborers Local 103 Annuity Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall
Laborers' Local 103 Annuity Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-5044

LABORERS' LOCAL 103 FUNDS

PENSION ♦ WELFARE ♦ ANNUITY ♦ TRAINING

P.O. BOX 571
GENEVA, NY 14456

PH: 315-539-4220
FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Pension Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Pension Fund



Carmen A. Serrett, Sr.
Fund Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 539-4220

HOME: (315) 781-0633

Taxpayer I.D. Number (Social Security No.)
16-6062260

Laborers Local 103 Pension Fund
P.O. Box 571
Geneva, NY 14456
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-6062260

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 213.75
 - b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None.

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
	<u>\$ 1,527,173.79</u>	<u>X</u>	
	<u>Please refer to Income Plus</u>		
	<u>Investment Fund SIPC Claim;</u>		
	<u>the above estimated amount is the</u>		
	<u>claimant's share of the madoff</u>		
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

9. Have you or any member of your family
ever filed a claim under the Securities
Investor Protection Act of 1970? if
so, give name of that broker.


_____ X _____

Please list the full name and address of anyone assisting you in the
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY
INFORMATION AND BELIEF.

Date 2-25-09 Signature 
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name,
address, phone number, and extent of ownership on a signed separate sheet. If other
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
LABORERS LOCAL 103 PENSION FUND**
EIN #16-6062260

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Fund Manager
Laborers' Local 103 Pension Fund
1126 Waterloo-Geneva Road
Waterloo, New York 13165
Telephone: (315) 539-4220

EXHIBIT B

LABORERS LOCAL 103 PENSION FUND
(EIN # 16-6062260)

UNION TRUSTEES

Carmen A. Serrett, Sr.
Laborers Local 103 Pension Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

Carmen A. Serrett, Jr.
Laborers Local 103 Pension Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall
Laborers Local 103 Pension Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-5044

Nicholas P. Massa
Laborers Local 103 Pension Fund
630 Preemption Road
Geneva, New York 14456
Telephone: (315) 439-4220

RESOLUTION

WHEREAS, the Laborers Local 103 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and


WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.


For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

LABORERS LOCAL 103 PENSION FUND

Dated: 2/26/09

By: 
Carmen A. Serrett, Sr., Union Trustee


Dated: 2/24/09

By: 
Carmen A. Serrett, Jr., Union Trustee

Dated: 2/26/09

By: 
Earl N. Hall, Employer Trustee

Dated: 2/26/09

By: 
Nicholas P. Massa, Employer Trustee

klc/Madoff/Lab103PF/SIPC Resolution-Indirect

5

LABORERS' LOCAL 103 FUNDS

PENSION ♦ WELFARE ♦ ANNUITY ♦ TRAINING

P.O. BOX 571
GENEVA, NY 14456

PH: 315-539-4220
FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Annuity Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Annuity Fund



Carmen A. Serrett, Sr.
Fund Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 539-4220

HOME: (315) 781-0633

Taxpayer ID Number (Social Security No.)

01-6214544

aborers Local 103 Annuity Fund
O. Box 571
eneva, NY 14456
come Plus Investment Fund,
ladoff Account #: 1-I0004
ax ID #: 01-6214544

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 1465
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ - 0 -
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$104,636.73</u>	<u>X</u>	
	<u>Please refer to Income Plus</u>		
	<u>Investment Fund SICP Claim:</u>		
	<u>the above estimated amount is the</u>		
	<u>claimant's share of the Madoff</u>		
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2-25-09 Signature [Signature]
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
LABORERS LOCAL 103 ANNUITY FUND**
(EIN # 01-6214544)

Dr. John P. Jeanneret, President
J.P Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Sr.
Laborers Local 103 Annuity Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

EXHIBIT B

RESOLUTION

WHEREAS, the Laborers Local 103 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

LABORERS LOCAL 103 ANNUITY FUND

Dated: 2/26/09

By:


Carmen A. Serrett, Sr., Union Trustee

Dated: 2/26/09

By:


Earl N. Hall, Employer Trustee

LABORERS LOCAL 103 ANNUITY FUND
(EIN # 01-6214544)

UNION TRUSTEES

Carmen A. Serrett, Sr.
Laborers Local 103 Annuity Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall
Laborers' Local 103 Annuity Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-5044

Plumbers & Steamfitters Local 73

Health, Welfare, Retirement and Annuity Funds

P.O. BOX 911

OSWEGO, NEW YORK 13126

(315) 343-1808 • FAX: (315) 343-4184



FEBRUARY 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Local 73 Retirement Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Local 73 Retirement Fund

James P. Gaffney
Administrative Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 343-1808

HOME: (315) 657-8821

Taxpayer I.D. Number (Social Security No.)
15-6016577

Local 73 Retirement Fund
P.O. Box 911
Oswego, NY 13126
Income Plus Investment Fund,
Madoff Account #: 1-10004
Fax ID #: 15-6016577

15-6010577

15-6010577

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 1,320.60
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ - 0 -
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|---------------|---------------|
| a. The Broker owes me securities | <u>X</u> | <u> </u> |
| b. I owe the Broker securities | <u> </u> | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u> </u>	<u>\$9,435,396.12</u>	<u>X</u>	<u> </u>
<u> </u>	<u>Please refer to Income Plus</u>	<u> </u>	<u> </u>
<u> </u>	<u>Investment Fund SIPC Claim:</u>	<u> </u>	<u> </u>
<u> </u>	<u>the above estimated amount is the</u>	<u> </u>	<u> </u>
<u> </u>	<u>Claimant's share of the madoff</u>	<u> </u>	<u> </u>
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date FEB. 27, 2009 Signature Robert J. Cunniff
Date FEB. 27, 2009 Signature James P. Sullivan

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
LOCAL 73 RETIREMENT FUND
EIN #15-6010577**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

James P. Gaffney, Administrative Manager
Local 73 Retirement Fund
705 East Seneca Street
Oswego, New York 13126
Telephone: (315) 343-1808

EXHIBIT B

RESOLUTION

WHEREAS, the Local 73 Retirement Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James P. Gaffney, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

LOCAL 73 RETIREMENT FUND

Dated: 2/20/09

By:

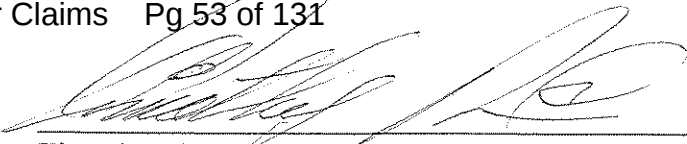
Patrick Carroll
Patrick Carroll, Union Trustee

Dated: 2/20/09

By:

Timothy A. Donovan
Timothy Donovan, Union Trustee

Dated: 02.20.09

By: 
Timothy Rice, Union Trustee

Dated: _____

By: _____
Timothy Donovan, Union Trustee

Dated: _____

By: _____
Christopher Stone, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, II, Employer Trustee

Klc\Madoff\Local73RF\misc\RFResolutionBeaconIncPlus

Dated: _____

By: _____
Timothy Rice, Union Trustee

Dated: _____

By: _____
Timothy Donovan, Union Trustee

Dated: 2/20/09

By: Christopher Stone
Christopher Stone, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, II, Employer Trustee

Dated: _____

By: _____
Timothy Rice, Union Trustee

Dated: _____

By: _____
Christopher Stone, Employer Trustee

Dated: 2-27-09

By: *Frederick J. Volkmer*
Frederick J. Volkmer, Employer Trustee

Dated: 2-27-09

By: *Frederick J. Volkmer II*
Frederick J. Volkmer, II, Employer Trustee

K:\c\Madoff\Local73RF\misc\RFResolutionBeaconIncPlus

LOCAL 73 RETIREMENT FUND
EIN NO. 15-6010577

UNION TRUSTEES

Christopher J. Stone
Hyde-Stone Mechanical
29 Hatch Road
Potsdam, New York 13676
Telephone: (315) 265-6999

Frederick Volkomer
205 West Albany Street
P.O. Box 1037
Oswego, New York 13126
Telephone: (315) 343-9315

Frederick Volkomer, II
P.O. Box 1037
Oswego, New York 13126
Telephone: (315) 343-9315

EMPLOYER TRUSTEES

Patrick Carroll
65 Baitzell Road
Oswego, New York 13126
Telephone:

Timothy Rice
U.A. Local Union No. 73
P.O. Box 911
Oswego, New York 13126

Timothy Donovan
336 S.W. 8th Street
Oswego, New York 13126
Telephone:

OSWEGO LABORERS' LOCAL 214

Pension Fund

23 MITCHELL ST., OSWEGO, N.Y. 13126 • (315) 343-1666



February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Oswego Laborers' Local 214 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Oswego Laborers' Local 214 Pension Fund

A handwritten signature in cursive script that reads "Cynthia Castaldo".

Cynthia Castaldo
Administrator

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

Laborers Local 214 Pension Fund
23 Mitchell Street
Oswego, NY 13126
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-0876163

OFFICE: (315) 343 - 1666

HOME: (315) 413 - 0225

Taxpayer I.D. Number (Social Security No.)
16-0876163

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 482.20
- b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
	<u>\$ 3,445,215.40</u>	<u>X</u>	
	<u>Please refer to Income Plus</u>		
	<u>Investment Fund SIPC Claim:</u>		
	<u>the above estimated amount is the</u>		
	<u>claimant's share of the madoff</u>		
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/27/09 Signature *Cynthia Castaldo*
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
OSWEGO LABORERS' LOCAL 214 PENSION FUND
[EIN #16-0876163]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Cynthia Castaldo, Administrator
Oswego Laborers' 214 Local Pension Fund
23 Mitchell Street
Oswego, New York 13126
Telephone: (315) 343-1666

EXHIBIT B

RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**OSWEGO LABORERS' LOCAL 214
PENSION FUND**

Dated: 2/24/09

By: 
William F. Shannon, Union Trustee

Dated: 2-24-09

By: 
David Henderson, Jr., Union Trustee

Dated: 02-24-09

By: Michael Blasczienski
Michael Blasczienski, Union Trustee

Dated: 2-24-09

By: Earl N. Hall
Earl N. Hall, Employer Trustee

Dated: _____

By: Attached
Paul Castaldo, Employer Trustee

Dated: FEB 24 2009

By: Earl R. Hall
Earl R. Hall, Employer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**OSWEGO LABORERS' LOCAL 214
PENSION FUND**

Dated: _____

By: _____
William F. Shannon, Union Trustee

Dated: _____

By: _____
David Henderson, Jr., Union Trustee

PAC


Dated: _____

By: _____
Michael Blasczienski, Union Trustee

Dated: _____

By: _____
Earl N. Hall, Employer Trustee

Dated: 2-25-09

By: 
Paul Castaldo, Employer Trustee

Dated: _____

By: _____
Earl R. Hall, Employer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

OSWEGO LABORERS' LOCAL 214 PENSION FUND
(EIN # 16-0876163)

UNION TRUSTEES

William F. Shannon
Oswego Laborers' Local 214 Pension Fund
c/o Upstate Laborers District Council
200 Salina Meadows Parkway
Suite 210
Syracuse, New York 13212
Telephone: (315) 413-0225

David Henderson, Jr.
Oswego Laborers' Local 214 Pension Fund
23 Mitchell Street
Oswego, New York 13126
Telephone: (315) 343-7661

Michael Blasczienski
Oswego Laborers' Local 214 Pension Fund
103 Dietrich Road
Oswego, New York 13126
Telephone: (315) 592-4041

EMPLOYER TRUSTEES

Earl N. Hall
Oswego Laborers' Local 214 Pension
Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-9936

Paul Castaldo
Oswego Laborers' Local 214 Pension
Fund
c/o Paul A. Castaldo, Inc.
11 Fourth Avenue, Suite D
Oswego, New York 13126
Telephone: (315) 343-7980

Earl R. Hall
Oswego Laborers' Local 214 Pension
Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-4050

ROOFERS' LOCAL 195 HEALTH, PENSION & ANNUITY FUNDS

6200 State Route 31 • Cicero, New York 13039 • Phone (315) 699-1388 • Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities L.L.C.
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Pension Fund



Patricia A. Redhead
Plan Manager

Enclosures



CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Roofers Local 195 Pension Fund
6200 State Route 31
Cicero, NY 13039
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-6158018

Provide your office and home telephone no.

OFFICE: (315) 699-1388

HOME: (315) 439-4528

Taxpayer I.D. Number (Social Security No.)
16-6158018

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 73.17
 - b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. if yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	\$ 522,765.42	<u>X</u>	
	<u>Please refer to Income Plus</u>		
	<u>Investment Fund SIPC Claim:</u>		
	<u>the above estimated amount is the</u>		
	<u>claimant's share of the madoff</u>		
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.

_____ X _____

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/26/09 Signature Catherine Becker
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EDMONT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
ROOFERS LOCAL 195 PENSION FUND
[EIN #16-6158018]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Patricia Redhead, Plan Manager
Roofers Local 195 Pension Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1388

EXHIBIT B

RESOLUTION

WHEREAS, the Roofers' Local 195 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ROOFERS' LOCAL 195 PENSION FUND

Dated: 2/20/09

By: Ronald E. Haney
Ronald E. Haney, Union Trustee

Dated: 2-20-09

By: 
Gerald Crouse, Union Trustee

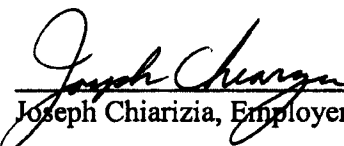
Dated: 2/20/09

By: 
Kevin Milligan, Union Trustee

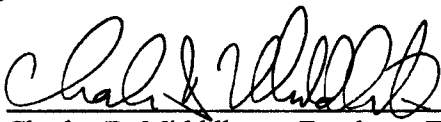
Dated: 2/23/09

By: 
Richard Anderson, Employer Trustee

Dated: 2-20-09

By: 
Joseph Chiarizia, Employer Trustee

Dated: 2/24/09

By: 
Charles D. Middleton, Employer Trustee

**LIST OF TRUSTEES AND CONTACT INFORMATION FOR
ROOFERS' LOCAL 195 PENSION FUND
(EIN # 16-6158018)**

Mr. Ronald E. Haney, Chairman, Union Trustee
Roofers' Local 195 Pension Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Gerald W. Crouse, Union Trustee
Roofers' Local 195 Pension Fund
c/o 6680 State Highway 5
Fort Plain, New York 13339
Telephone: (518) 993-2842

Mr. Kevin Milligan, Union Trustee
Roofers' Local 195 Pension Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Mr. Richard Anderson, Secretary, Union Trustee
Roofers' Local 195 Pension Fund
c/o WCA Roofing and Sheet Metal
P.O. Box 399
East Syracuse, New York 13057
Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee
Roofers' Local 195 Pension Fund
c/o Josall Syracuse, Inc.
P.O. Box 158
Eastwood Station
Syracuse, New York 13206
Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee
Roofers' Local 195 Pension Fund
c/o DeWald Roofing Co., Inc.
P.O. Box 479
Central Square, New York 13063
Telephone: (315) 676-2744

ROOFERS' LOCAL 195 HEALTH, PENSION & ANNUITY FUNDS

6200 State Route 31 ● Cicero, New York 13039 ● Phone (315) 699-1388 ● Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities L.L.C.
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Annuity Fund



Patricia A. Redhead
Plan Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Roofers Local 195 Annuity Fund
6200 State Route 31
Cicero, NY 13039
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 14-1721374

Provide your office and home telephone no.

OFFICE: (315) 699-1388

HOME: (315) 439-4522

Taxpayer I.D. Number (Social Security No.)
14-1721374

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 141.44
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ - 0 -

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$1,010,579.64</u>	<u>X</u>	
	<u>Please refer to Income Plus</u>		
	<u>Investment Fund SIPC Claim:</u>		
	<u>the above estimated amount is the</u>		
	<u>claimant's share of the madoff</u>		
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | <u>X</u> |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | <u>X</u> |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | <u>X</u> |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | <u>X</u> |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | <u>X</u> |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | <u>X</u> |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/26/09 Signature Catherine A. Ruelken
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
ROOFERS LOCAL 195 ANNUITY FUND**
[EIN #14-1721374]

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Patricia Redhead, Plan Manager
Roofers Local 195 Annuity Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1388

EXHIBIT B

RESOLUTION

WHEREAS, the Roofers' Local 195 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ROOFERS' LOCAL 195 ANNUITY FUND

Dated: 2/20/09

By: Ronald E. Haney
Ronald E. Haney, Union Trustee

Dated: 2-20-09

By: Gerald Crouse
Gerald Crouse, Union Trustee

Dated: 2/20/09

By: Kevin Milligan
Kevin Milligan, Union Trustee

Dated: 2/23/09

By: Richard Anderson
Richard Anderson, Employer Trustee

Dated: 2-20-09

By: Joseph Chiarizia
Joseph Chiarizia, Employer Trustee

Dated: 2/24/09

By: Charles D. Middleton
Charles D. Middleton, Employer Trustee

**LIST OF TRUSTEES AND CONTACT INFORMATION FOR
ROOFERS' LOCAL 195 ANNUITY FUND
(EIN # 14-1721374)**

Mr. Ronald E. Haney, Chairman, Union Trustee
Roofers' Local 195 Annuity Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Gerald W. Crouse, Union Trustee
Roofers' Local 195 Annuity Fund
c/o 6680 State Highway 5
Fort Plain, New York 13339
Telephone: (518) 993-2842

Mr. Kevin Milligan, Union Trustee
Roofers' Local 195 Annuity Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Mr. Richard Anderson, Secretary, Union Trustee
Roofers' Local 195 Annuity Fund
c/o WCA Roofing and Sheet Metal
P.O. Box 399
East Syracuse, New York 13057
Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee
Roofers' Local 195 Annuity Fund
c/o Josall Syracuse, Inc.
P.O. Box 158
Eastwood Station
Syracuse, New York 13206
Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee
Roofers' Local 195 Annuity Fund
c/o DeWald Roofing Co., Inc.
P.O. Box 479
Central Square, New York 13063
Telephone: (315) 676-2744

SEIU 1199UPSTATE PENSION FUND

4242 Ridge Lea Road, Suite 30, Amherst, New York 14226
(716) 362-0680 • Fax (716) 332-7671

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinley Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard,

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the SEIU 1199Upstate Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks to receiving payment of the claim as soon as practical.

Sincerely,

SEIU 1199Upstate Pension Fund


Beth Barrett
Fund Manager

Enclosures

Madoff SIPC IndirectMadoffInvest\SEIU 1199 Income Plus

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 424-1754

HOME: (315) 456-9214

Taxpayer, I.D. Number (Social Security No.)
16-1112391

U. 1199 Upstate Pension Fund
Ridge Lea Road, Suite 30
Rt. 1, NY 14226
Investment Fund,
Account #: 1-10004
ID #: 16-1112391

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 891.13
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|---------------|---------------|
| a. The Broker owes me securities | <u>X</u> | <u> </u> |
| b. I owe the Broker securities | <u> </u> | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u> </u>	<u>\$ 6,366,912.67</u>	<u>X</u>	<u> </u>
<u> </u>	<u>Please refer to Income Plus</u>	<u> </u>	<u> </u>
<u> </u>	<u>Investment Fund SIPC Claim:</u>	<u> </u>	<u> </u>
<u> </u>	<u>The above estimated amount is the</u>	<u> </u>	<u> </u>
<u> </u>	<u>Claimant's share of the Madoff</u>	<u> </u>	<u> </u>
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.
PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/27/09 Signature Beth Barrett
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
SEIU 1199UPSTATE PENSION FUND
[EIN #16-1112391]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Beth Barrett, Fund Manager
SEIU 1199Upstate Pension Fund
4242 Ridge Lea Road, Suite 30
Amherst, New York 14226
Telephone: (716) 362-0680

EXHIBIT B

RESOLUTION

WHEREAS, the SEIU 119Upstate Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

SEIU 1199UPSTATE PENSION FUND

Dated: _____

By: _____

George Kennedy, Union Trustee

Dated: 2/27/09

By: _____

Carol Ames (b5)
Carol Ames, Union Trustee

Dated: _____

By: _____
Todd Hobler, Union Trustee

Dated: _____

By: _____
Thomas R. LoStracco, Employer Trustee

klc/Madoff/SEIU 199UPFSIPC/Resolution - Indirect

RESOLUTION

WHEREAS, the SEIU 1199Upstate Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

SEIU 1199UPSTATE PENSION FUND

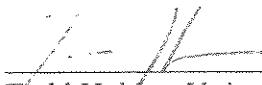
Dated: 2/26/09

By: 
George Kennedy, Union Trustee

Dated: _____

By: _____
Carol Ames, Union Trustee

Dated: 2/24/09

By: 
Todd Hobler, Union Trustee

Dated: _____

By: _____
Thomas R. LoStracco, Employer Trustee

klc/Madoff/SEIU 199UPFSIPC/Resolution - Indirect

RESOLUTION

WHEREAS, the SEIU 1199Upstate Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

SEIU 1199UPSTATE PENSION FUND

Dated: _____

By: _____
George Kennedy, Union Trustee

Dated: _____

By: _____
Carol Ames, Union Trustee

Dated: _____

By: _____
Todd Hobler, Union Trustee

Dated: 2/25/09

By: Thomas R. LoStracco
Thomas R. LoStracco, Employer Trustee

klc/Madoff/SEIU 199UPFSIPC/Resolution - Indirect

SEIU 1199UPSTATE PENSION FUND
(EIN #16-16-1112391)

UNION TRUSTEES

George Kennedy
SEIU 1199Upstate Pension Fund
4242 Ridge Lea Road, Suite 30
Amherst, NY 14226
Telephone: (716) 982-0540

Carol Ames
SEIU 1199Upstate Pension Fund
25 Pullman Street
P.O. Box 525
Brockton, NY 14716
Telephone: (716) 332-7671

Todd Hobler
SEIU 1199Upstate Pension Fund
974 Kenmore Avenue
Buffalo, NY 14216
Telephone: (716) 332-7671

EMPLOYER TRUSTEES

Thomas R. LoStracco
SEIU 1199Upstate Pension Fund
c/o Schoellkopf Health Center
621 Tenth Street
Niagara Falls, NY 14302
Telephone: (716) 278-4876



Service Employees Pension Fund of Upstate New York

1153 West Fayette Street, P.O. Box 1600
Syracuse, New York 13201
Phone 315-424-1754 • 800-733-1754
Fax 315-479-9030

155 Washington Avenue
Albany, New York 12210
Phone 518-463-0164 • 800-669-8786
Fax 518-463-0516

Income Plus

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinley Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard,

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Service Employees Pension Fund of Upstate New York ("Fund").

Please advise if any additional documents are needed. The Fund looks to receiving payment of the claim as soon as practical.

Sincerely,

Service Employees Pension Fund
of Upstate New York

Beth Barrett

Beth Barrett
Fund Manager

Enclosures

Madoff SIPC IndirectMadoffInvest Income Plus

Syracuse Office

Beth Barrett, Joint Fund Manager
Jackie LaPointe, Benefit Specialist
Caroline Viscome, Fund Accountant

Albany Office

Terri Christian, Benefit Coordinator
Barbara Emma, Benefit Coordinator

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Service Employees Pension Plan of Upstate NY
1153 West Fayette St., PO Box 1240
Syracuse, NY 13201
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-0908576

Provide your office and home telephone no.

OFFICE: (315) 424-1754

HOME: (315) 456-9214

Taxpayer I.D. Number (Social Security No.)
16-0908576

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 589.52
b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ - 0 -

d. If balance is zero, insert "None." None.

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	<u>YES</u>	<u>NO</u>
a. The Broker owes me securities	<u>X</u>	<u></u>
b. I owe the Broker securities	<u></u>	<u>X</u>
c. If yes to either, please list below:		

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u></u>	<u>\$4,211,962.91</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Income Plus</u>	<u></u>	<u></u>
<u></u>	<u>Investment Fund SIPC Claim:</u>	<u></u>	<u></u>
<u></u>	<u>The above estimated amount is the</u>	<u></u>	<u></u>
<u></u>	<u>Claimant's share of the Madoff</u>	<u></u>	<u></u>
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names,		✓

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.

_____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date February 27, 2009 Signature Beth Barrett

Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
SERVICE EMPLOYEES PENSION FUND OF UNY
[EIN #16-0908576]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Beth Barrett, Fund Manager
Service Employees Pension Fund of UNY
1153 West Fayette Street
P.O. Box 1240
Syracuse, New York 13201
Telephone: (315) 424-1754

EXHIBIT B

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SERVICE EMPLOYEES OF UPSTATE NEW
YORK PENSION FUND**

Dated: _____

By: _____

George Kennedy, Union Trustee

Dated: 2/23/09

By: _____

Jeremiah Dennis, Union Trustee

Dated: _____

By: _____
Melvin Florczak, Employer Trustee

Dated: _____

By: _____
Susan Nicholson, Employer Trustee

klc/Madoff/SEUNYPF/SIPCRResolution - Indirect

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SERVICE EMPLOYEES OF UPSTATE NEW
YORK PENSION FUND**

Dated: _____

By: _____
George Kennedy, Union Trustee

Dated: _____

By: _____
Jeremiah Dennis, Union Trustee

Dated: _____

By: _____
Melvin Florczak, Employer Trustee

Dated: 4/25/09

By: _____
Susan Nicholson, Employer Trustee

klc/Madoff/SEUNYPF/SIPCRResolution - Indirect

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SERVICE EMPLOYEES OF UPSTATE NEW
YORK PENSION FUND**

Dated: 2/26/09

By:


George Kennedy
George Kennedy, Union Trustee

Dated: _____

By:

Jeremiah Dennis, Union Trustee

Dated: 2/26/09

By: 
Melvin Florczak, Employer Trustee

Dated: _____

By: _____
Susan Nicholson, Employer Trustee

SERVICE EMPLOYEES OF UPSTATE NEW YORK PENSION FUND
(EIN #16-098576)

UNION TRUSTEES

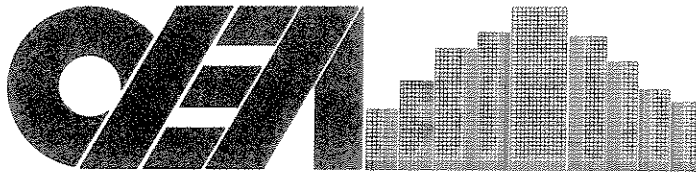
Jeremiah Dennis
Service Employees of UNY Pension Fund
1153 West Fayette Street
P.O. Box 1130
Syracuse, NY 13201
Telephone: (315) 424-1750

George Kennedy
Service Employees of UNY Pension Fund
974 Kenmore Avenue
Buffalo, NY 14216
Telephone: (716) 982-0540

EMPLOYER TRUSTEES

Melvin Florczak
Service Employees of UNY Pension
Fund
58 Grand Prix Drive
Cheektowaga, NY 14225
Telephone: (716) 668-0214

Susan Nicholson
Service Employees of UNY Pension
Fund
Menorah Park/Jewish Home
4101 E Genesee St
Syracuse, NY 13214
Telephone: (315) 446-9111



CONSTRUCTION EMPLOYERS ASSOCIATION OF CENTRAL NEW YORK INC.
6563 RIDINGS ROAD • SYRACUSE, NEW YORK 13206 • TEL: (315)437-3717 • FAX: (315)437-6044

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Syracuse Builders Exchange, Inc./CEA Pension
Plan

A handwritten signature in black ink, appearing to read 'Earl N. Hall', is written over the printed name.

Earl N. Hall
Trustee and Secretary

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\SBE-CEAPensionPlan\Income-Plus\Picardltr

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

Syracuse Builders Exchange / C.E.A. Pension Plan
6563 Ridings Road
Syracuse, NY 13206
Income Plus Investment Fund,
Madoff Account #: 1-I0004
Tax ID #: 16-1598223

OFFICE: (315) 437-3717

HOME: (315) 437-4050

Taxpayer I.D. Number (Social Security No.)
15-0464360

15-0464360

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 40.27
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. if yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
<u></u>	<u>\$ 287,724.51</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Income Plus</u>	<u></u>	<u></u>
<u></u>	<u>Investment Fund SIPC Claim:</u>	<u></u>	<u></u>
<u></u>	<u>the above estimated amount is the</u>	<u></u>	<u></u>
<u></u>	<u>claimant's share of the madoff</u>	<u></u>	<u></u>
	<u>loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family
ever filed a claim under the Securities
Investor Protection Act of 1970? If
so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY
INFORMATION AND BELIEF.

Date 2-25-09 Signature Paul M. Hall, Sec. Trustee
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name,
address, phone number, and extent of ownership on a signed separate sheet. If other
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
SYRACUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN
[EIN NO. 15-0464360]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Earl N. Hall, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
6563 Ridings Road
Syracuse, NY 13206
Telephone: (315) 437-9936

EXHIBIT B

RESOLUTION

WHEREAS, the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund") is an independent functioning single employer ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Earl N. Hall, Secretary and Trustee of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SYRACUSE BUILDERS EXCHANGE,
INC./CEA PENSION PLAN**

Dated: 2-23-09

By:

Earl N. Hall
Earl N. Hall, Trustee

Dated: 2/24/2009

By:

Samuel Conley
Samuel Conley, Trustee

Dated: 2/27/2009

By:

Robert Henderson
Robert Henderson, Trustee

**SYRACUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN
(EIN NO. 15-0464360)**

TRUSTEES

Earl N. Hall, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
6563 Ridings Road
Syracuse, NY 13206
(315) 437-9936

Samuel Conley, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
Whiteacre Engineering
4522 Wetzel Road
Liverpool, NY 13090
(315) 437-9936

Robert Henderson, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
Henderson-Johnson Co., Inc.
918 Canal Street
PO Box 6964
Syracuse, NY 13217
(315) 437-9936